

# **SAMPLE AREA DIRECTOR REPORT – GPRA+ FY04**

Cover Page

\*\*\* IHS FY04 Annual Area Director Clinical Performance Report \*\*\*

Date Report Run: Jan 06, 2004

Site where Run: DEMO SITE

Report Generated by: LASTNAME, FIRST MI

Reporting Period: Oct 01, 2002 to Sep 30, 2003

Previous Year Period: Oct 01, 2001 to Sep 30, 2002

Baseline Period: Oct 01, 2000 to Sep 30, 2001

Indicators: Area Director Performance Indicators (All)

Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 1.47.57

Denominator Definitions used in this Report:

## ACTIVE CLINICAL POPULATION:

1. Must reside in a community specified in the community taxonomy used for this report.
2. Must be alive during the entire time frame.
3. Indian/Alaska Natives Only - based on Classification of 01
4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.

## USER POPULATION:

1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of the Report period, regardless of the clinic type.

See last page of this report for Performance summary.

A file will be created called BG04000111.15. It will reside in the public/export directory. This file should be sent to your Area Office.

A delimited output file called demardel has been placed in the public directory for your use in Excel or some other software package. See your site manager to access this file.

The following communities are included in this report:

COMMUNITY #1	COMMUNITY #2
COMMUNITY #3	COMMUNITY #4
FACILITY #1	FACILITY #2
FACILITY #3	FACILITY #4
FACILITY #5	RURAL SITE #1
URBAN SITE #1	URBAN SITE #2

**PLEASE NOTE: This is a sample Area Director Report compiled from various sources for GPRA+ FY04 (BGP version 3.0). Some manual formatting has been done to condense the report for printing purposes. Your report may not appear exactly the way this report does.**

\*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*  
 DEMO SITE

Report Period: Oct 01, 2002 to Sep 30, 2003  
 Previous Year Period: Oct 01, 2001 to Sep 30, 2002  
 Baseline Period: Oct 01, 2000 to Sep 30, 2001

# Diabetes Prevalence

## Denominator(s):

All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.

## Numerator(s):

Anyone diagnosed with Diabetes at any time before the end of the Report period.

Anyone diagnosed with Diabetes in the year prior to the end of the Report period.

Age is calculated at the beginning of the Report period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file.

During FY 2004, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User pop	8,626		8,509			8,378		
# w/ any DM DX	1,118	13.0	1,020	12.0	+1.0	947	11.3	+1.7
# w/ DM DX w/in past year	815	9.4	736	8.6	+0.8	656	7.8	+1.6
# Male User pop	3,684		3,630			3,574		
# w/ any DM DX	403	10.9	373	10.3	+0.7	333	9.3	+1.6
# w/DM DX w/in past year	285	7.7	274	7.5	+0.2	232	6.5	+1.2
# Female User pop	4,942		4,879			4,804		
# w/ any DM DX	715	14.5	647	13.3	+1.2	614	12.8	+1.7
# w/ DM DX w/in past year	530	10.7	462	9.5	+1.3	424	8.8	+1.9

## \*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*

## DEMO SITE

Report Period: Oct 01, 2002 to Sep 30, 2003

Previous Year Period: Oct 01, 2001 to Sep 30, 2002

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## Age Specific Diabetes Prevalence

	TOTAL USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	2,861	869	964	1,502	1,151	704	349	226
# w/ DM DX ever	15	22	58	151	277	277	189	129
% w/ DM DX ever	0.5	2.5	6.0	10.1	24.1	39.3	54.2	57.1
# w/DM DX in past yr	6	13	31	112	173	218	161	101
% w/DM DX in past yr	0.2	1.5	3.2	7.5	15.0	31.0	46.1	44.7
PREVIOUS YEAR PERIOD								
Total # User Pop	2,865	879	969	1,469	1,127	673	330	197
# w/ DM DX ever	15	17	48	139	258	264	167	112
% w/ DM DX ever	0.5	1.9	5.0	9.5	22.9	39.2	50.6	56.9
# w/DM DX in past yr	7	11	30	88	179	207	133	81
% w/DM DX in past yr	0.2	1.3	3.1	6.0	15.9	30.8	40.3	41.1
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.0	+0.6	+1.1	+0.6	+1.2	+0.1	+3.5	+0.2
w/DM DX in past yr	-0.0	+0.2	+0.1	+1.5	-0.9	+0.2	+5.8	+3.6
BASELINE REPORT PERIOD								
Total # User Pop	2,878	849	958	1,476	1,071	647	304	195
# w/ DM DX ever	12	16	40	140	245	239	147	108
% w/ DM DX ever	0.4	1.9	4.2	9.5	22.9	36.9	48.4	55.4
# w/DM DX in past yr	6	11	23	89	160	181	114	72
% w/DM DX in past yr	0.2	1.3	2.4	6.0	14.9	28.0	37.5	36.9
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.1	+0.6	+1.8	+0.6	+1.2	+2.4	+5.8	+1.7
w/DM DX in past yr	+0.0	+0.2	+0.8	+1.4	+0.1	+3.0	+8.6	+7.8

## \*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*

## DEMO SITE

Report Period: Oct 01, 2002 to Sep 30, 2003

Previous Year Period: Oct 01, 2001 to Sep 30, 2002

Baseline Period: Oct 01, 2000 to Sep 30, 2001

## Age Specific Diabetes Prevalence

	MALE USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total MALE User Pop	1,432	392	342	581	482	269	105	81
# w/ DM DX ever	5	10	20	57	117	97	59	38
% w/ DM DX ever	0.3	2.6	5.8	9.8	24.3	36.1	56.2	46.9
# w/DM DX in past yr	2	3	10	46	72	73	49	30
% w/DM DX in past yr	0.1	0.8	2.9	7.9	14.9	27.1	46.7	37.0
PREVIOUS YEAR PERIOD								
Total MALE User Pop	1,415	397	354	576	461	251	108	68
# w/ DM DX ever	6	8	17	48	105	93	61	35
% w/ DM DX ever	0.4	2.0	4.8	8.3	22.8	37.1	56.5	51.5
# w/DM DX in past yr	4	4	14	30	78	72	45	27
% w/DM DX in past yr	0.3	1.0	4.0	5.2	16.9	28.7	41.7	39.7
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.1	+0.5	+1.0	+1.5	+1.5	-1.0	-0.3	-4.6
w/DM DX in past yr	-0.1	-0.2	-1.0	+2.7	-2.0	-1.5	+5.0	-2.7
BASELINE REPORT PERIOD								
Total MALE User Pop	1,428	376	353	586	426	235	103	67
# w/ DM DX ever	5	9	12	46	97	74	57	33
% w/ DM DX ever	0.4	2.4	3.4	7.8	22.8	31.5	55.3	49.3
# w/DM DX in past yr	4	6	11	29	65	54	41	22
% w/DM DX in past yr	0.3	1.6	3.1	4.9	15.3	23.0	39.8	32.8
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.0	+0.2	+2.4	+2.0	+1.5	+4.6	+0.9	-2.3
w/DM DX in past yr	-0.1	-0.8	-0.2	+3.0	-0.3	+4.2	+6.9	+4.2

## \*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*

## DEMO SITE

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## Age Specific Diabetes Prevalence

	FEMALE USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total FEMALE User Pop	1,429	477	622	921	669	435	244	145
# w/ DM DX ever	10	12	38	94	160	180	130	91
% w/ DM DX ever	0.7	2.5	6.1	10.2	23.9	41.4	53.3	62.8
# w/DM DX in past yr	4	10	21	66	101	145	112	71
% w/DM DX in past yr	0.3	2.1	3.4	7.2	15.1	33.3	45.9	49.0
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	1,450	482	615	893	666	422	222	129
# w/ DM DX ever	9	9	31	91	153	171	106	77
% w/ DM DX ever	0.6	1.9	5.0	10.2	23.0	40.5	47.7	59.7
# w/DM DX in past yr	3	7	16	58	101	135	88	54
% w/DM DX in past yr	0.2	1.5	2.6	6.5	15.2	32.0	39.6	41.9
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.1	+0.6	+1.1	+0.0	+0.9	+0.9	+5.5	+3.1
w/DM DX in past yr	+0.1	+0.6	+0.8	+0.7	-0.1	+1.3	+6.3	+7.1
BASELINE REPORT PERIOD								
Total FEMALE User Pop	1,450	473	605	890	645	412	201	128
# w/ DM DX ever	7	7	28	94	148	165	90	75
% w/ DM DX ever	0.5	1.5	4.6	10.6	22.9	40.0	44.8	58.6
# w/DM DX in past yr	2	5	12	60	95	127	73	50
% w/DM DX in past yr	0.1	1.1	2.0	6.7	14.7	30.8	36.3	39.1
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.2	+1.0	+1.5	-0.4	+1.0	+1.3	+8.5	+4.2
w/DM DX in past yr	+0.1	+1.0	+1.4	+0.4	+0.4	+2.5	+9.6	+9.9

\*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*  
 DEMO SITE

Report Period: Oct 01, 2002 to Sep 30, 2003  
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Diabetes: Glycemic Control

Denominator(s):

GPRA Denominator. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s):

GPRA Numerator: Number of patients with a Hemoglobin A1c documented in year prior to the end of Current Report period, regardless of result.  
 GPRA Numerator: Poor Control. Patients with HgA1c greater than (>) 9.5.  
 GPRA Numerator: Ideal Control. Patients with HgA1c less than (<) 7.

First Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. Counts most recent HgA1c test in the year prior to the end of the Report period. HgA1c defined as: CPT 83036; LOINC taxonomy; or site-defined taxonomy DM AUDIT HGB A1C TAX. Without result is defined as HgbA1c documented but with no value.

During FY 2004, establish the baseline of patients with diagnosed diabetes that have poor glycemic control (defined as HgA1c > 9.5).

During FY 2004, increase the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as HgA1c < 7).

HgA1c documented: IHS FY 2003 Performance: 75%; HP 2010 Goal: 50%  
 Glycemic Control (<7): IHS FY 2002 Performance: 25%; IHS FY 2003 Performance: 28%; IHS 2010 Goal: 40%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/HgbA1c done w/ or w/o result	582	90.2	555	91.4	-1.2	490	89.9	+0.3
# w/HgbA1c > 9.5	126	19.5	135	22.2	-2.7	195	35.8	-16.2
# w/HgbA1c < 7	207	32.1	210	34.6	-2.5	125	22.9	+9.2

\*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*  
 DEMO SITE

Report Period: Oct 01, 2002 to Sep 30, 2003  
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Diabetes: Blood Pressure Control

Denominator(s):

GPRA Denominator. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s):

Patients with Blood Pressure documented during year prior to end of Report period.

GPRA Numerator. Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. GPRA+ uses mean of last 3 Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

During FY 2004, increase the proportion of patients with diagnosed diabetes that have achieved blood pressure control (defined as <130/80) by 2% over FY 2003 level.

Controlled BP: IHS FY 2002 Performance: 36%; IHS FY 2003 Performance: 37%  
 IHS 2010 Goal: 50%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/ BPs documented	606	94.0	571	94.1	-0.1	513	94.1	-0.2
# w/Controlled BP < 130/80	353	54.7	329	54.2	+0.5	286	52.5	+2.3

\*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*  
 DEMO SITE

Report Period: Oct 01, 2002 to Sep 30, 2003  
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Diabetes: Lipids Assessment

Denominator(s):

GPRA Denominator. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s):

GPRA Numerator. Patients with LDL completed in the prior year, regardless of result.

A: Patients with LDL results less than or equal to ( $\leq$ ) 100.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done in year prior to end of Report period. Test Definitions: 1) Lipid Profile: CPT 80061; LOINC taxonomy; site defined taxonomy DM AUDIT LIPID PROFILE TAX. 2) LDL: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX. 3) HDL: CPT 83718; LOINC taxonomy; site-defined taxonomy DM AUDIT HDL TAX. 4) Triglyceride: 84478; LOINC taxonomy; site defined taxonomy DM AUDIT TRIGLYCERIDE TAX.

During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia by 2% over FY 2003 level.

Patients Assessed: IHS FY 2002 Performance: 44%; IHS FY 2003 Performance: 47.5% HP 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/ LDL done	136	21.1	151	24.9	-3.8	86	15.8	+5.3
A. # of patients w/LDL result $\leq$ 100	58	9.0	84	13.8	-4.8	33	6.1	+2.9

\*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*  
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Diabetes: Nephropathy Assessment

Denominator(s):

GPRA Denominator. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s):

GPRA Numerator. Total patients with nephropathy assessment

A: Patients with Estimated GFR with result in prior year.

B: Patients with positive urine protein test or microalbuminuria test,

regardless of result, (if negative urine protein) done in year prior to the end of the Report period.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. A: patients with any value in VXYZ Est GFR. B: GPRA+ searches for last microalbuminuria test done in year prior to end of Report period, regardless of result (positive or negative). If none found, searches for last urine protein test with positive (Y) value in same time period. Positive value for urine protein is defined as: 1) First character is P or p; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site defined taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044; LOINC taxonomy; site defined taxonomy DM AUDIT MICROALBUMINURIA TAX

During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for nephropathy by 2% over FY 2003 level.

Assessment: IHS FY 2002 Performance: 35%; IHS FY 2003 Performance: 37.5%;  
 IHS 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/ Nephropathy assessment	346	53.6	128	21.1	+32.5	118	21.7	+31.9
A. Pts w/estimated GFR w/result	322	49.9	110	18.1	+31.8	0	0.0	+49.9
B. # w/any Microalbuminuria or positive Urine value	123	19.1	124	20.4	-1.4	118	21.7	-2.6

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### Diabetic Retinopathy

#### Denominator(s):

GPRA Denominator. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

#### Numerator(s):

Patients receiving any retinal screening in the year prior to the end of the Report period, or a documented refusal of a diabetic eye exam; defined as: diabetic eye exam; or a Non-DNKA visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics.

A: Patients receiving diabetic retinal exam (or documented refusal) in prior year.

B: Patients receiving other eye exams in year prior to the end of Report period, defined as: Non-DNKA visit to ophthalmology, optometry clinics, or Non-DNKA visit to an optometrist or ophthalmologist.

GPRA+ searches for the first instance of ANY of: 1) diabetic eye exam or documented refusal: VExam code 03; 2) NON-DNKA visit to an optometrist or ophthalmologist (Provider codes 24, 79, 08); 3) Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics (clinic codes 17, 18, 64, A2); 4) CPT codes 92250, 92012, 92014, 92015, 92004 or 92002. Diabetic retinal exam defined as clinic code A2 Diabetic Retinopathy or Exam code 03 Diabetic Eye Exam or Refusal Exam 03.

During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate. NOTE: The GPRA indicator reported at the national level only applies to a few test sites for FY04. This indicator is included here because all sites are expected to report on this indicator beginning in FY05. The numerator is currently defined very broadly for retinal screening.

Eye Exam: IHS FY 2003 Performance: 49%; IHS 2010 Goal: TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/any Retinal screening	316	49.0	272	44.8	+4.2	221	40.6	+8.4
A. # w/ Diabetic Retinal Exam or refusal	27	4.2	11	1.8	+2.4	3	0.6	+3.6
B. # w/Other Eye Exams	289	44.8	261	43.0	+1.8	218	40.0	+4.8

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# Diabetes and Mental Health

## Denominator(s):

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

## Numerator(s):

Patients screened for or counseled about depression in the year prior to the end of the Report period.

Patients with a diagnosis of depressive, anxiety and/or adjustment disorders during year prior to end of Report period.

Diabetes diagnosis defined as POV 250.00-250.93. Screening and counseling are defined as: POV 79.0; or as any national patient education codes containing "DEP-". Depressive, anxiety and/or adjustment disorders diagnoses are defined as at least two visits with POV 296.\*, 300.\*, 301.13, 308.3, 309.\*, 311.\* or BHS codes 14, 15, 18, 24 in the year prior to end of Report period.

Increase the proportion of diabetic patients screened for depressive, anxiety and/or adjustment disorders.

No stated target.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# screened for or counseled about depression	7	1.1	3	0.5	+0.6	0	0.0	+1.1
# w/depression diagnosis	119	18.4	104	17.1	+1.3	78	14.3	+4.1

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Diabetes: Access to Dental Services

Denominator(s):

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever

Numerator(s):

Patients with documented dental visit during year prior to end of Report period.

Searches for V Dental ADA codes 0000 or 0190 or VExam 30.

During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 2% over the FY 2003 level.

IHS FY 2002 Performance: 36%; IHS FY 2003 Performance: 36%; HP 2010 Goal: 75%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/dental visit in past yr	170	26.4	159	26.2	+0.2	152	27.9	-1.5

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#### Access to Dental Services

##### Denominator(s):

GPRA Denominator: All patients in the User Population.

##### Numerator(s):

Patients with documented dental visit during year prior to end of Report period.

Searches for V Dental ADA codes 0000 or 0190 or VExam 30.

During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.

IHS FY 2002 Performance: 25%; IHS FY 2003 Performance: 25%; IHS 2010 Goal: 40%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Population	8,626		8,509			8,378		
# w/dental visit in past year	1,678	19.5	1,623	19.1	+0.4	1,683	20.1	-0.6

XYZ

Jan 06, 2004

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Dental Sealants

Denominator(s):

No denominator. This indicator is a total count only, not a percentage.

Numerator(s):

The total number of dental sealants during the year prior to the end of the Report period.

Age of the patient is calculated at the beginning of the Report period.  
Sealants defined as V Dental ADA code 1351.

During FY 2004, maintain the number of sealants placed per year in patients at the FY 2003 level.

IHS FY 2002 Performance: 227,945; IHS FY 2003 Performance: TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	CHG from % BASE
Total # of Sealants documented (GPRA Denominator)	1,592		895		+697	1,384	+208

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Adult Immunizations: Influenza

Denominator(s):

All Active Clinical patients ages 50 or older.

A: All Active Clinical patients ages 50-64.

B: GPRA Denominator. All Active Clinical patients ages 65 and older.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s):

Patients with Influenza vaccine documented in the year prior to the end of the Report period, including refusals.

Age of the patient is calculated at the beginning of the Report period.  
 Influenza vaccine defined as: 1) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; 2) POV: V04.8 or V06.6; 3) CPT: 90655, 90657-90660, 90724; 4) ICD Procedure code: 99.52; 5) Refusal Immunization 88, 111, 15, 16.

In FY 2004, maintain the FY 2003 influenza vaccination rate among non-institutionalized adults age 65 years and older.

>65 Vaccine Rate: IHS FY 2002 Performance: 51%; IHS FY 2003 Performance: 51%; HP 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients ages 50 or older	665		610			573		
Total # w/Flu vaccine documented	341	51.3	304	49.8	+1.4	276	48.2	+3.1
A. Active Clinical Patients ages 50-64	487		456			432		
Total # w/Flu vaccine documented	230	47.2	206	45.2	+2.1	184	42.6	+4.6
B. Active Clinical Patients 65 and older (GPRA Denominator)	178		154			141		
Total # w/Flu vaccine documented	111	62.4	98	63.6	-1.3	92	65.2	-2.9

XYZ

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Adult Immunizations: Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
Total # w/Flu vaccine documented	396	61.4	377	62.1	-0.7	342	62.8	-1.4

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Adult Immunizations: Pneumovax

Denominator(s):

GPRA Denominator: All Active Clinical patients ages 65 or older.  
 Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s):

Patients with Pneumovax vaccine documented at any time before the end of the Report period.

Age of the patient is calculated at the beginning of the Report period.  
 Pneumovax definitions: 1) Immunization codes: 33 Pneumo Polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.89, V03.82; 3) V Procedure: 99.55; 4) CPT: 90669, 90732; 5) Refusal Immunization 33, 100, 109.

In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.

IHS FY 2002 Performance: 64%; IHS FY 2003 Performance: 65%; HP 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older	178		154			141		
Total # w/Pneumovax documented	142	79.8	122	79.2	+0.6	108	76.6	+3.2
Active Diabetic Pts	645		607			545		
Total # w/Pneumovax documented	520	80.6	485	79.9	+0.7	448	82.2	-1.6

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Women's Health: Pap Smear Rates

Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy.

Numerator(s):

Patients with a Pap Smear documented in the three years prior to end of Report period, including Refusals.

A: Patients with documented refusal.

Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because GPRA+ looks back 3 years for a test, i.e., when a patient who was 21 at the beginning of the Report period would have been 18. Hysterectomy defined as V Procedure: 68.3, 68.7, 68.9 or CPT 58550-54; 58150-58294. Pap Smear definitions: 1) V Lab: PAP SMEAR; 2) POV: V76.2-SCREEN MAL NEOP-CERVIX; V72.3 - GYNECOLOGIC EXAMINATION; 3) V Procedure: 91.46; 4) V CPT: 88141-88167; 5) Womens Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-defined taxonomy BGP GPRA PAP SMEAR; 8) Refusal Exam 15 (Pelvic) or XYZ Test Pap Smear.

During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels.

IHS FY 2002 Performance: 62%; IHS FY 2003 Performance: 61%; IHS 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 years	1,956		1,972			1,932		
# w/Pap Smear recorded								
w/in 3 years	1,330	68.0	1,341	68.0	-0.0	1,300	67.3	+0.7
A. # Refusals								
w/ % of Total Pap	1	0.1	0	0.0	+0.1	1	0.1	-0.0

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Women's Health: Mammogram Rates

Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy.

Numerator(s):

All patients who had a Mammogram documented in the two years prior to the end of the Report period, including documented refusals.

A: Number of patients with documented refusal.

Age of the patient is calculated at the beginning of the Report period. The difference between the age range in the indicator definition and the logic is because GPRA+ looks back 2 years for a procedure; i.e., when a patient who was 52 in the Report period would have been 50. Bilateral mastectomy defined as: ICD Operation codes: 85.42; 85.44; 85.46; 85.48 Screening Mammogram definitions: 1) V Radiology or V CPT: 76090 Mammogram; unilateral; 76091 Mammogram; bilateral; 76092 Mammogram; screening; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 3) V Procedure: 87.37 Other Mammography; 87.36 Xerography of breast; 87.35 soft tissue X-ray of thorax, contrast radiogram of mammary ducts; 4) Womens Health: SCREENING MAMMOGRAM, MAMMOGRAM DX BILAT, MAMMOGRAM DX UNILAT; 5) Refusal Procedure codes 87.35-87.37

During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 rate.

IHS FY 2002 Performance: 42%; IHS FY 2003 Performance: 40%; IHS 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Active Clinical Women								
52-64 years	274		250			233		
# w/Mammogram recorded								
w/in 2 years	122	44.5	116	46.4	-1.9	101	43.3	+1.2
A. # Refusals w/ % of Total Mammograms	0	0.0	1	0.9	-0.9	2	2.0	-2.0

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### Colorectal Cancer Screening

#### Denominator(s):

All Active Clinical patients ages 52 and older.

#### Numerator(s):

Patients who have had ANY CRC screening, defined as any of the following:  
1) Fecal Occult Blood test or Rectal Exam in the 2 years prior to the end of the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years.

A: Patients with Fecal Occult Blood test (FOBT) in the past two years.

B: Patients with Rectal Exam in the past two years.

Age is calculated at the beginning of the Report period. Screening defined as: 1. Fecal Occult Blood XYZ test (FOBT): CPT 82274, G0107, LOINC taxonomoy, or site defined taxonomy BGP GPRA FOB TESTS; 2. Rectal screen: V76.41; V Procedure 48.24-29, 89.34 Rectal Exam; V Exam 14; 3. Flexible Sigmoidoscopy: V Procedure 45.24; CPT 45330-45345; 4. Rigid proctosigmoidoscopy: V Procedure 48.21-23; CPT 45300 45327; 5. Double contrast barium enema: Procedure 87.64 (lower GI); CPT or VRad: 74270-74280; 6. Colonoscopy: V76.51 Colon screening; V Procedure 45.21, 45.22, 45.23, 45.25 ; CPT 45355-45387; 45325 (old)

For FY04, increase the proportion of patients ages 52 and older who have had screening for Colorectal Cancer.

IHS FY 2004 Goal: TBD.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients 52 and older	577		521			485		
# w/screening	113	19.6	125	24.0	-4.4	96	19.8	-0.2
A. # w/FOB test in past 2 yrs	17	2.9	27	5.2	-2.2	23	4.7	-1.8
B. # w/ rectal exam in past 2 yrs	90	15.6	94	18.0	-2.4	73	15.1	+0.5

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#### Alcohol Screening (FAS Prevention)

##### Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 15 to 44.

##### Numerator(s):

Patients who have received any alcohol screen in the year prior to the end of the Report period.

Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A1) Any Alcohol Health Factor A2) Screening diagnosis V11.3 (history of alcoholism), V79.1 (screening for alcoholism); B) Diagnosis (POV, current PCC or BHS Problem List): 303.\*, 305.0\*, 291.\*, 357.5\*; BHS diagnoses 10, 27, 29. C) Patient education codes containing "CD-"

During FY 2004, establish a baseline rate for alcohol use in female patients of child-bearing age.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44	1,983		2,016			1,986		
# w/any alcohol screening	132	6.7	131	6.5	+0.2	125	6.3	+0.4

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# Domestic Violence Screening

## Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 16-24.

## Numerator(s):

Patients screened for domestic violence at any time in the year prior to the end of the Report period.

Age is calculated at beginning of Report period. Screening is defined as at least one of the following: A) Exam code 34; B) Diagnosis (POV or current PCC or BHS Problem List): 995.80, 995.81, V15.41, V15.42, V15.49; BHS diagnoses 43.\*, 44.\* C1) Patient education codes containing "DV-"; C2) IPV/DV counseling: V61.11

For FY 2004, ensure that 15% of eligible women patients between the ages of 16 and 24 are screened for domestic violence at direct care facilities.

IHS FY 2004 Target: 15%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 16-24	729		744			729		
# w/screening	5	0.7	20	2.7	-2.0	12	1.6	-1.0

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#### Prenatal HIV Testing

##### Denominator(s):

All pregnant female patients with no recorded HIV diagnosis in POV or problem list.

##### Numerator(s):

Patients who received HIV test during the year prior to the end of the Report period, including refusals.

A: Number of documented refusals.

Pregnancy is defined as at least two visits with POV V22.0-V23.9, 640-648, 651-676 during year prior to end of the Report period. HIV diagnosis: POV or Problem List codes 042.0-044.9, V08, or 795.71. HIV counseling: V65.44; or patient education codes containing "HIV-" or HIV diagnosis 042.0-044.9, V08, 795.71. HIV test: CPTs 86689, 86701-86703, 87390, 87391; LOINC taxonomy; site defined taxonomy BGP GPRA HIV TESTS; or Refusal XYZ Test HIV.

Increase the proportion of pregnant women screened for HIV during prenatal health care visits.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant Active Clinical w/no HIV	229		243			201		
# w/HIV test	150	65.5	159	65.4	+0.1	43	21.4	+44.1
A. # test refusals	0	0.0	0	0.0	+0.0	1	0.5	-0.5

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### Obesity Assessment

#### Denominator(s):

GPRA Denominator: All Active Clinical patients ages 2 through 74.

#### Numerator(s):

Patients for whom a BMI could be calculated

For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.

For those with a BMI calculated, patients considered obese using BMI and standard tables.

Total of overweight and obese.

Age is calculated at beginning of the Report period. GPRA+ calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report period. For 19 through 50, height and weight must be recorded with last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables.

For FY 2004, establish a baseline rate for BMI available for children and adults.

BMI Available: IHS FY 2004: Goal: 50%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Users ages 2-74	5,682		5,643			5,543		
# w/BMI calculated	2,320	40.8	2,350	41.6	-0.8	2,090	37.7	+3.1
# overweight	468	8.2	521	9.2	-1.0	446	8.0	+0.2
# Obese	1,175	20.7	1,141	20.2	+0.5	983	17.7	+2.9
# Overweight/Obese	1,643	28.9	1,662	29.5	-0.5	1,429	25.8	+3.1

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#### Tobacco Use and Exposure Assessment

##### Denominator(s):

All Active Clinical patients ages 5 and older.  
Pregnant female patients.

##### Numerator(s):

Patients who have been screened for tobacco use in the year prior to the end of the Report period.

Patients identified as current tobacco users in prior year, both smokers and smokeless users.

A: Patients identified as current smokers in the past year.

B: Patients identified as current smokeless tobacco users in the past year.

Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) in the past year.

Ages are calculated at beginning of Report period. Pregnancy defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, 640.\*-648.\*, 651.\*-676.\*) during the year prior to the end of the Report period.

Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented in past year; 2.

Tobacco-related diagnoses (POV or current Active Problem List) 305.1\*, V15.82; 3. Dental code 1320; 4. Any patient education code containing

"TO-" or "-TO". Tobacco users defined as: 1. Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless; 2. Diagnosis codes 305.1\* or V15.82; 3. Dental code 1320. Smokers defined as: 1. Health Factors: Current Smoker or Current Smoker and Smokeless; 2. Diagnosis codes 305.1\* or V15.82; 3. Dental code 1320. Smokeless defined as: Health Factors: Current Smokeless or Current Smoker and Smokeless. ETS defined as: Health Factor Smoker in Home or Exposure to Environmental Tobacco Smoke

During FY 2004, establish a baseline rate for tobacco use screening.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Active Clinical Patients ages => 5	5,219		5,206			5,123		
# w/Tobacco								
Screening	418	8.0	408	7.8	+0.2	439	8.6	-0.6
# tobacco users	155	3.0	158	3.0	-0.1	184	3.6	-0.6
A. # Smokers	151	2.9	157	3.0	-0.1	184	3.6	-0.7
B. # Smokeless Tobacco								
Users	4	0.1	1	0.0	+0.1	1	0.0	+0.1
# exposed to ETS/ smoker in home	6	0.1	0	0.0	+0.0	0	0.0	+0.0

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Tobacco Use and Exposure Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical								
Pregnant women	250		253			218		
# w/Tobacco								
Screening	25	10.0	11	4.3	+5.7	16	7.3	+2.7
# tobacco users	9	3.6	6	2.4	+1.2	8	3.7	-0.1
A. # Smokers	9	3.6	6	2.4	+1.2	8	3.7	-0.1
B. # Smokeless Tobacco								
Users	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# exposed to ETS/ smoker in home	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Cardiovascular Disease Prevention: Cholesterol Screening

Denominator(s):

All Active Clinical patients ages 23 through 70, broken down by gender.

Numerator(s):

Patient with documented cholesterol screening any time in the five years prior to the end of the Report period.

Age is calculated at the beginning of the Report period. The difference between the age range 18-65 in the definition and 23-70 in the logic is because GPRA+ looks back 5 years for a test, i.e., when a patient who was 23 at the beginning of the Report period would have been 18. Counts all Y instances reported, regardless of the results of the measurement. Test definitions: Lipid Profile (panel): CPT 80061; POV V77.91 screening for lipid disorders; site-defined taxonomy DM AUDIT LIPID PROFILE TAX. Total Cholesterol: CPT 82465; LOINC taxonomy; site-defined taxonomy DM AUDIT CHOLESTEROL TAX.

Increase the proportion of adults ages 18 through 65 who have had their blood cholesterol checked within the preceding 5 years.

HP 1998 baseline: 67%; HP 2010 target: 80%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical users ages 23-70	2,671		2,676			2,625		
# w/ Cholesterol screening	1,470	55.0	1,467	54.8	+0.2	1,419	54.1	+1.0

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Cardiovascular Disease Prevention: Blood Pressure Control

Denominator(s):

All Active Clinical patients ages 20 and over who are not diabetic (no diagnosis ever).

Numerator(s):

Patients with Blood Pressure value documented at least twice in prior two years.

Patients with normal Blood Pressure (BP), defined as < 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.

Patients with Stage 2 Hypertension BP, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 AND the mean diastolic value is equal to or greater than (=>) 100.

Age of the patient is calculated at beginning of the Report period. The difference between the age range 18 and older in the definition and 20 and older in the logic is because GPRA+ looks back 2 years for BP values. For Denominator, no diabetes diagnosis ever (POV 250.00-250.93). For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the 2 years prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

For FY 2004, increase the proportion of patients ages 18 and older whose blood pressure has been assessed in past two years.

High Blood Pressure (=>140/90) Performance: HP 2010 Goal: 16%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients ages 20 and older	2,507		2,544			2,556		
# w/ BPs documented	1,893	75.5	1,947	76.5	-1.0	1,960	76.7	-1.2
# w/Normal BP	981	39.1	1,001	39.3	-0.2	950	37.2	+2.0
# w/Stage 1 HTN BP	143	5.7	154	6.1	-0.3	158	6.2	-0.5
# w/Stage 2 HTN BP	12	0.5	15	0.6	-0.1	15	0.6	-0.1

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## Public Health Nursing

## Denominator(s):

GPRA Indicator: Number of visits by PHNs in any setting.

A. visits to patients age 0-28 days (Neonate).

B. visits to patients age 29 days - 12 months (infants)

C. visits to patients ages 1-64 years

D. visits to patients aged 65 and older (Elders)

GPRA Indicator: Number of Home visits by PHNs in any setting.

A. Home visits to patients age 0-28 days (Neonate)

B. Home visits to patients age 29 days to 12 months (Infants)

C. Home visits to patients ages 1-64 years

D. Home visits to patients aged 65 and over (Elders).

## Numerator(s):

Count of visits only.

PHN visit is defined as any visit with primary or secondary provider code 13 or 32, or clinic 45. Home visits defined as clinic 11 or Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 32.

During FY 2004, maintain the total number of public health nursing services (primary and secondary treatments and preventive services) provided to individuals in all settings at the FY 2003 workload levels.

IHS FY 2002 Performance: 383,436; IHS FY 2003 Performance: TBD

	REPORT PERIOD	PREV YR %	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # PHN visits - any Setting	3,396	4,063	-667	4,626	-1,230
A. 0-28 days any Setting	36	37	-1	57	-21
B. 29d-12m any Setting	339	347	-8	315	+24
C. age 1-64 any Setting	2,670	3,482	-812	4,066	-1,396
D. age 65+ any Setting	351	197	+154	188	+163

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## Public Health Nursing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Total # of PHN Visits -								
Home Setting	896		1,940		-1,044	2,128		-1,232
A. 0-28 days								
Home Setting	19		27		-8	43		-24
B. age 29d-12m								
Home Setting	142		201		-59	166		-24
C. age 1-64								
Home Setting	664		1,592		-928	1,802		-1,138
D. age 65+								
Home Setting	71		120		-49	117		-46

## \*\*\* IHS FY04 Area Director's Clinical Performance Indicators \*\*\*

## DEMO SITE

Report Period: Oct 01, 2002 to Sep 30, 2003

Previous Year Period: Oct 01, 2001 to Sep 30, 2002

Baseline Period: Oct 01, 2000 to Sep 30, 2001

CLINICAL PERFORMANCE SUMMARY PAGE					
	Site Current	Site Previous	Site Baseline	National FY 2003	National FY 2002
DIABETES (for Active Diabetic patients)					
Diabetes Dx Ever	13.0%	12.0%	11.3%	TBD	TBD
Documented HbA1c	90.2%	91.4%	89.9%	74.8%	72.7%
Poor Glycemic Control	19.5%	22.2%	35.8%	17.3%	18.2%
Good Glycemic Control	32.1%	34.6%	22.9%	27.7%	24.7%
*Blood Pressure Assessed	94.0%	94.1%	94.1%	--	--
Controlled BP <130/80	54.7%	54.2%	52.5%	37.3%	36.1%
LDL Assessed	21.1%	24.9%	15.8%	47.6%	43.7%
Nephropathy Assessed	53.6%	21.1%	21.7%	37.6%	35.0%
Retinopathy Exam	49.0%	44.8%	40.6%	48.8%	49.0%
*Mental Health Assessed	1.1%	0.5%	0.0%	--	--
*Influenza Vaccine	61.4%	62.1%	62.8%	--	--
*Pneumovax	80.6%	79.9%	82.2%	--	--
Dental Access	26.4%	26.2%	27.9%	36.2%	35.9%
DENTAL					
Access to Services	19.5%	19.1%	20.1%	24.6%	24.9%
Sealants	1592	895	1384	TBD	TBD
IMMUNIZATIONS					
Influenza 65+	62.4%	63.6%	65.2%	51.2%	51.4%
Pneumovax 65+	79.8%	79.2%	76.6%	64.8%	63.9%
PREVENTION					
Pap Smear Rates	68.0%	68.0%	67.3%	61.0%	62.0%
Mammogram Rates	44.5%	46.4%	43.3%	39.6%	42.0%
*Colorectal Cancer Screen	19.6%	24.0%	19.8%	--	--
FAS Prevention	6.7%	6.5%	6.3%	--	--
DV/IPV Screen 16-24	0.7%	2.7%	1.6%	--	--
With BMI	40.8%	41.6%	37.7%	--	--
*Assessed as Obese	20.7%	20.2%	17.7%	--	--
Tobacco Assessment	8.0%	7.8%	8.6%	--	--
*Tobacco Users	3.0%	3.0%	3.6%	--	--
*Cholesterol Screening	55.0%	54.8%	54.1%	--	--
*CVD Prevention: Normal BP	39.1%	39.3%	37.2%	--	--
PREGNANT WOMEN					
*Tobacco Assessment	10.0%	4.3%	7.3%	--	--
*HIV Testing	65.5%	65.4%	21.4%	--	--
Public Health Nursing	3,396	4,063	4,626	TBD	TBD

(\* = Not GPRA indicator for FY 2004)